

## **IN THE SPECIFICATION**

The paragraph beginning at page 2, line 16 has been amended as follows:

For clinical MR scanners, protocols are predefined with regard to slice positioning, but such protocols are not based on the actual positioning of the patient in the scanner for the particular examination to be undertaken. Usually, the protocols are defined relative to the center of the origin of the basic field magnet, which usually also is the origin of the imaging volume, and straightforward axial, sagittal or coronal slices are selected depending on the preferred protocol orientation. ~~One~~ For performing the actual scan, the final slice position must be adjusted manually, otherwise the slice will not coincide with the desired body region of the subject. In principle, this manual procedure must be performed with regard to every protocol and every patient. This not only prolongs the time that the patient must spend in the scanner, which is discomforting to the patient, but also slows the patient throughput (i.e., results in a smaller number of patients being scanned within a given time than would be possible without such manual positioning).

The paragraph beginning at page 6, line 12 has been amended as follows:

Figure 1 is a schematic block diagram of a magnetic resonance imaging apparatus, used an exemplary tomographic imaging modality for explaining the inventive method.